

anxious to employ it. Now, if a physical lesion of the patient leads to a fall in already lowered oxygen content of the tissues, the administration of a tracheal tube is probably contra-indicated; and if the anaesthetic is employed we should look for a much speedier reappearance of asphyxia than in the normal person. In this case the chance of the method would come to our aid; for by employing an appropriate mixture of anaesthetic with oxygen, the danger of certain cases would be averted. Thus we see that we cannot ignore the anaesthetic reaction in the method of its employment, if we seek to arrive at a precise prognosis or indication of danger in any one type of cases.

A further difficulty is encountered in our inquiry when we pass from the *large* group of patients to any *individual* member of the group. Although he may conform to the peculiarities of the group, yet he will in very many cases reveal some departure from these which is apt to invalidate any general statement as to his immunity from danger. We have to deal with two entities, the conscious and the anesthetized; and since the bridging over the passage between perceptive sentence and anaesthesia—the period of induction—is the acme of the curve of the anaemic form of anaesthesia, we are compelled to study the psychological reaction of the patient towards the anaesthetic, as well as the physiological reaction of the drug towards the patient. It is the danger of fear shock, which in pre-anaesthetic days—as indeed at the present day—occasionally proved fatal, which becomes most formidable when we have to decide between the use of an anaesthetic which abolishes consciousness, and an analgesic, whether local or general, which prevents perception of pain, but fails to remove the fear lest pain will come. While some persons experience no such dread, others faint even though no actual pain from trauma has occurred.

A remarkable example of the interaction of the nervous system on the induction of anaesthesia has been made evident during the present war by the experience of giving anaesthetics to wounded soldiers. The phenomena occur mostly in the cases of shell shock and neurasthenia, but they also develop when these conditions are absent. The men are usually terrified, struggle manically, and require a greater amount of anaesthetic than is usual for persons of their weight and physique. But the fact which makes prognosis more grave in this case is that both heart failure (? cardiac inhibition) and respiratory arrest, leading to cessation of pulmonary ventilation, are frequent in their occurrence. These grave complications occur even in the hands of expert anaesthetists who have been careful to avoid overdosage—i.e., giving an amount of a drug, or a percentage strength of a drug, which would in ordinary circumstances cause danger. Here is a distinct type of person for whom the prognosis is unfavourable. The type in its manifestations resembles those classed as neurasthenics, the 'highly nervous,' alcoholic degenerates, and those subject to sudden death through trivial exciting causes as in status lymphaticus, hyperthyroidism, and its congeners.